

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1238408

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15 -
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil □ WSW □ SIOW □ Gas □ D&A □ ENHR □ SIGW □ OG □ GSW □ Temp. Abd. □ CM (Coal Bed Methane) □ Cathodic □ Other (Core, Expl., etc.): □ If Workover/Re-entry: Old Well Info as follows: Operator: □ Well Name: □ Well Name:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Plug Back □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
□ Commingled Permit #:	Chloride content:ppm Fluid volume:bbls Dewatering method used: Location of fluid disposal if hauled offsite:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name: Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec. Twp S. R East West County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I III Approved by: Date:

Page Two



Operator Name:				Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whet vith final c	ther shut-in pre hart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bod.	ottom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						gs must be ema	liled to kcc-well-	ogs@kcc.ks.go	v. Digital electi	ronic log
Drill Stem Tests Taker (Attach Additional		Ye	es No			J	on (Top), Depth		Samp	
Samples Sent to Geo	logical Survey	Ye	es No		Nam	e		Тор	Datum	1
Cores Taken Electric Log Run		☐ Ye								
List All E. Logs Run:										
				RECORD	Ne					
	0: 11.1					ermediate, product		" 0 1	T 15	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives		
Perforate Protect Casing	Top Detterm									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment of	on this well?	•			Yes	No (If No, s	kip questions 2 a	nd 3)	
Does the volume of the t			_		-		= ` `	kip question 3)		
Was the hydraulic fractur	ing treatment information	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, f	ill out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Ceme			Depth
						(_	
TUBING RECORD:	Size:	Set At:		Packer A		Liner Run:				
		0017111		. dono. 7		[Yes N	0		
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gra	avity
DIODOCITI	01.05.040			4ETUOD 05	001451	TION		DDODUCT	ONLINITED (A)	
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF ☐ Perf.			nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)			



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 **11270** A

CHETTINES

	PRESSURE	PUMP	ING & WIRELINE	6-3,	2-1	2		DATE	TICKET NO	1		19,0 ± 10 11,4,4 11,2,5,5
DATE OF 10 -	10.14	/ D	ISTRICT Prs++	IKS		WELL BY	WELL	ROD INJ	□WDW		USTOMER RDER NO.:	
CUSTOMER (SCA	'nn	manasam	en-		LEASE $\mathcal B$	Srbo	Brs B	to the state of th	State Sinv	WELL NO.	3
ADDRESS						COUNTY)	Berb	•	STATE	K	2	liveje, Le vjal
CITY			STATE		SERVICE CF	\mathbb{D}	Srin	Ea, C	ch	6		
AUTHORIZED B	Υ .					JOB TYPE:	CI	1w/50	riffere			
EQUIPMENT	Г# Н	RS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CAL	LED .	DAT		
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REF. NO.		MA	TERIAL, EQUIPMENT	AND SERV	ICES US	ED .	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOUN	IT
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THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: (

FIELD SERVICE ORDER NO.

SERVICE

REPRESENTATIVE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

			** (***)											
Customer	C. PCin	m	Snese	Men	L	ease No.			#1		Date	1.		8
Lease Bc	rbsis	B	N	77 V	V	Vell #	3				10	0-10	2014	
Field Order #	Station	P	191	+, 1	S			Casing	5/8 Depth	256	County	Bsibo		State KS
Type Job	avu	/_	514			5			Formation	TD.	260	Legal	Description /	6-32-12
PIPE	DATA		PERF	ORAT	ING	DATA		FLUID U	SED		TE		T RESUME	
Casing Size	Tubing Si	ze	Shots/F	t			Ac	cid			RATE F	PRESS	ISIP	
Depth 2 5/	Depth		From		То		Pr	e Pad	9	Max			5 Min.	
Volume //	Volume	= V X	From		То	. E	Pa	ad		Min	8 ₂ a	a a	10 Min.	
Max Press	Max Pres	S	From		То	DATA FLUID II Acid Pre Pad Pad Frac Flush Station Manager 19959 19842		м О	Avg			15 Min.		
Well Connection	n Annulus V	ol.	From		То		FLUID USE Acid Pre Pad Pad Frac Flush Manager Keunn S 19842 Cobh Rate		5	HHP Use	d		Annulus F	ressure
Plug Depth	Packer De	pth	From	×	То		FI	ush	***	Gas Volu	me		Total Load	d
Customer Rep	resentative					Station	Mai	nager Keu	in 601	2100	Treater	DSI	in Fr	snich
Service Units	27283	158	:85	1980	13	1955	9							
Driver Names	Derin	11/1	9	Fd		Cobb)		33,140					11
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 **11492** A

Phone 620-672-1201 PRESSURE PUMPING & WIRELINE DATE TICKET NO. DATE OF JOB WDW CUSTOMER ORDER NO DISTRICT CUSTOMER WELL NO. **ADDRESS** STATE & CITY STATE **AUTHORIZED BY** JOB TYPE: **EQUIPMENT#** HRS **EQUIPMENT#** HRS **EQUIPMENT#** HRS TRUCK CALLED 7686-19905 ARRIVED AT JOB 70959-19918 START OPERATION 37900 **FINISH OPERATION** AM 7:00 RELEASED MILES FROM STATION TO WELL CONTRACT CONDITIONS; (This contract must be signed before the job is commenced or merchandise is delivered). The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP. (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) ITEM/PRICE REF. NO MATERIAL, EQUIPMENT AND SERVICES USED UNIT QUANTITY UNIT PRICE \$ AMOUNT SK 200 AAZ Cot 50 201 1000 SA 500 35 20 403 90 25 SK SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$ MATERIALS %TAX ON \$

SERVICE	0//	11/
REPRESENTATIV	E/Lobent	hllu

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.



TREATMENT REPORT

Customer	DAT IN) //	1/24	2007	A L	ease No.						Date)		- W	E 8
Lease	1831	RS	1	13	W	/ell #3							10	-16-1	14	
Field Order #	Statio	n pr	vH	K	5			Casing	1/2	Depth	033	Cour		11307		State
Type Job	ww-	U	ou	057	ME	WG			Fo	rmation			PO PT	Legal De	escription	-12
	DATA					DATA		FLUID I	JSED				TREA		RESUM	
Casing Size	Tubing Si	ze S	Shots/F				Aci			8		RATE			ISIP	
Depth/033	Depth		From		То		Pre	Pad			Max		1		5 Min.	
Volume	Volume		From		То	2 1	Pad	d e		v 2	Min		Ī		10 Min.	
Max Press	Max Pres	s	From		То		Fra	С			Avg				15 Min.	
Well Connection	Annulus \	/ol	From		То	100		1			HHP Use	ed			Annulus	Pressure
Plug Depth	Packer De	onth	From	//	То		Flu	sh	79		Gas Volu	me		25	Total Loa	ad
Customer Repre	esentative		10111		10	Station	Man	ager	v.J.I.	Sott	Z .	Tre	eater /	16-e +	11	(1)
Service Units	7900	270	656	1990	27	2093	9	19718	-					10-0	13//	
Driver Names	ullisão			PAC)	(7)	55	(1)					9			
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CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED

Fracture Start Date/Time:	11/1/14 9:23
Fracture End Date/Time:	11/1/14 11:34
State:	Kansas
County:	Barber
API Number:	15-007-24234-0000 (e
Operator Name:	Griffin Management
Well Name:	Barbara B #3
Federal Well:	fact for a first telleran and first
Longitude:	-98.6238477
Latitude:	37.2583477
Long/Lat Projection:	NAD27
True Vertical Depth (TVD):	0'
Total Clean Fluid Volume* (gal):	377.244

(e.g. XX-XXX-XXXXX-0000)

Additive	Specific Gravity	Additive Quantity	Mass (lbs)	1
Water	1.00	377,244	3,148,101	go
Sand (Proppant)	2.65	163,100	163,100	1b
Plexeide B7	1.33	20	222	ge
Plexcide B7	1.33	20	222	go
Plexgel Breaker XPA	1.03	72	619	ge
Plexset 730	0.90	88	661	ge
Plexset 730	0.90	88	661	ge
Plexsurf 580 ME	0.95	93	737	ge
Plexsurf 580 ME	0.95	93	737	ge
Plexslick 957	1.11	259	2,399	ge
Claymax	1.09	185	1,683	ge
Plexgel 907L-EB	1.04	0	0	ge
Plexgel 907L-EB	1.04	0	0	g
Plexgel 907L-EB	1.04	0	0	ge
Plexgel 907L-EB	1.04	0	0	ge
Plexgel 907L-EB	1.04	0	0	ge
Plexgel Breaker 10L	1.10	0	0	ge
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Ingredients Section:

Total Slurry Mass (Lbs) 3,319,142

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	3.148,101	94.84683%	THE PARTY OF THE P
Sand (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7 / 238-878-4	99,90%	162,937	4.90901%	CONTRACTOR OF THE PROPERTY OF THE
Plexcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2	4.99%	II.	0.00033%	TOWN TOWN AND THE PROPERTY.
Plexcide B7	Chemplex	Biocide	Alkaline Bromide Salts (non-hazardous)	NA SEED OF THE REST OF THE PARTY OF THE PART	0.00%	0	0.00000%	THE TANK HE ALTON BUSINESS
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1	7.00%	43	0.00131%	
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50.00%	330	0.00996%	ELECTION STREET, STREE
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60,00%	397	0.01195%	THE PROPERTY OF STREET
Plexsurf \$80 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10.00%	74	0.00222%	DESCRIPTION AND ASSESSMENT
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	50,00%	369	0.01111%	7.45 (50 M. 1540) Marin Charles (50 A. 167) 1.142
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25.00%	600	0.01807%	The second second second
Claymax	Chemplex	Clay Stabilizer	No Hazardous Ingredient	NA	0.00%	0	0.00000%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Distillates, Hydrotreated Light	64742-47-8	50.00%	0	0.00000%	The state of the s
Plexgel 907L-EB	Chemplex	Gelling Agent	Organophylic Clay	NDA	2.00%	0	0.00000%	PRODUCTION OF THE PROPERTY OF
Plexgel 907L-EB	Chemplex	Gelling Agent	Crystalline Silica	14808-60-7	0.06%	0	0.00000%	Company of the Compan
Plexgel 907L-EB	Chemplex	Gelling Agent	Alcohol Ethoxylates	34398-01-1	1,00%	0	0.00000%	A ROSE OF THE STATE OF THE STAT
Plexgel 907L-EB	Chemplex	Gelling Agent	Guar Gum	9000-30-0	50.00%	0	0.00000%	(\$200) 14 (\$1.00) \$100 \$100 \$100 \$100
lexgel Breaker 10L	Chemplex	Breaker/Gel	No Hazardous Ingredient	NA MARKET NA	0.00%	0	0.00000%	THE SOURCE SERVICE SERVICE SERVICE
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